

Michigan Department of Education  
Grants Coordination and School Support  
**MEIS Security Access Form**  
**Commodity Supplemental Food Program (CSFP)**  
**The Emergency Food Assistance Program (TEFAP)**  
DUE DATE: December 15, 2004

This form is required for each person requesting Level 3 "Enter/Certify" security access rights to any of the following Michigan Education Information System (MEIS) applications:

- **CNAP** - Child Nutrition Application Program - Application/Renewal for Commodity Supplemental Food Program FY 2004/05
- **CNAP** - Child Nutrition Application Program - Application/Renewal for The Emergency Assistance Food Program FY 2004/05

**Each different or additional designee must complete and submit a separate copy of this form.** A new form must be submitted for a replacement designee whenever the individual below is no longer authorized. Each designated individual with Level 3 "Enter/Certify" security access rights has the authority to grant Level 1 "Read Only" or Level 2 "Enter/Edit" rights to other individuals within their organization.

Agency Name

Agreement Number

**1. Designated Individual**

I agree to protect my user identification and password from unauthorized use and understand that all activity under my user ID is my responsibility.

Signature

Date

\* **A** \_\_\_\_\_  
MEIS Account Number

Print Name

Telephone Number

\* If you HAVE already established an MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE. If you do NOT have an MEIS account number, go to: <http://michigan.gov/meis>. Click on the MEIS logo under MEIS User Management and follow the instructions.

Check if you are a:

\_\_\_\_\_ **Replacement Designee** \_\_\_\_\_  
Name of replaced designee to be removed from security access

**2. Level 3 "Enter/Certify" Security Access Rights**

Check the MEIS Application(s) and corresponding authority for the above named Designated Individual:

**MEIS Application:**

**Authority:**

\_\_\_\_\_ **CNAP** . . . . . Bind the Agency to the laws, regulations, policies and rules of the Commodity Supplemental Food Program (CSFP).

\_\_\_\_\_ **CNAP** . . . . . Bind the Agency to the laws, regulations, policies and rules of The Emergency Food Assistance Program (TEFAP).

**3. Authorization by Agency Official**

I attest that the above named individual has the authority indicated in Part 2.

Signature of Authorized Agency Official

Title

Print Name

Date

**4. Mail or fax form to:** Ruby Dixon, MDE, Grants Coordination & School Support Services, P.O. Box 30008, Lansing, MI 48909

**Fax: (517) 373-4022**